
Empowering The Underprivileged: The Social Justice Mission For Clinical Legal Education In India

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I. Introduction

The 1960s and 1970s were an important time in the history of legal education in India, when the legal aid movement and various legal aid committees' reports started to draw attention to the importance of experiential learning, or learning on the job, in legal education. The main aim of involving law students in the national legal aid movement was to make them feel more responsible for the considerable part of the Indian population who, because of their socio-economic status, couldn't access justice. The history of how India's clinical programs were introduced has a lot in common with the history of clinical programs in other parts of the world. There was a desire to create a pool of lawyers, who would serve as soldiers in the fight for social justice for underprivileged groups in the country.

While some prestigious universities started their clinical programs in the 1970s, most of the regulators of legal education took a long time to include clinical papers in the curriculum. In 1997 the Bar Council of India introduced four practical papers in the curriculum. The spirit of public service, and the widespread poverty in a country, has always been central to the push for clinical programs everywhere. But in India, the legal aid committees' and other statutory bodies' reports calling for clinical programs to support social justice, were always ignored. The National Knowledge Commission's working group on legal education specifically mentioned the need to

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introduce students to issues relating to poverty, social change and social exclusion, through clinical legal education.¹

After the introductory section, the second section discusses the introduction of clinical programs with their roots in the search for social justice in the United States and India. The third section discusses the continuous deliberation by various bodies, commissions and committees about the need to introduce clinical programs with a social justice perspective in India. The fourth section discusses the social justice-based clinical programs in China and South Africa. This section tries to highlight some of the clinical models focused on serving underprivileged groups, that have been introduced and implemented in these two countries and which ~ after local modifications ~ could serve as a template for programs in Indian law schools. The fifth section tries to search for clinical models best suited to India with reference to clinical programs in China and South Africa. Several examples of clinical activities in a few Indian law schools have been highlighted in this chapter to explain these models' effectiveness and suitability for Indian circumstances. The sixth section sets out some suggestions for law schools and stakeholders of legal education in India as to how to further the country's social justice mission of clinical legal education.

II. Justice Mission Of Clinical Legal Education And India

A. Introduction

"What do generations signify?"

- Growth in self reflection and wisdom and capacity to serve the underprivileged."

- Prof. Upendra Baxi ²

In an interview about legal education reform, Prof. Upendra Baxi expressed his concern that there is no new generation of lawyers coming up in India who will work to help the underprivileged access justice. The reason behind this fear might be the failure of the law school curriculum to put the values of public service and social justice at the centre of young law student's education, instead encouraging the growth of a corporate culture.³

There should be a teaching method within the law school framework that will inculcate a spirit of public service, and help young law 'students to confront the uncertainties and challenges of problem solving for clients in fora that often challenge precepts regarding the rule of law and justice'.⁴ Clinical legal education aims at exactly this sort of teaching method and spirit of public service. Prof. N. R. Madhava Menon refers to 'clinical legal education as a pedagogic technique is its focus on the learner and the process of learning'⁵ not to create future lawyers who are 'mere craftsman manipulating

1 National Knowledge Commission, *Report of the Working Group on Legal Education*, ¶ 3.3.2 (2007), available at http://www.knowledgecommission.gov.in/downloads/documents/wg_legal.pdf (last visited on Jun. 04, 2013).

2 Interview with MyLaw.Net, Youtube, <http://www.youtube.com/watch?v=0y2AT-rk6-E> (last visited on Jun. 04, 2013).

3 *Id.*

4 Margaret Martin Barry et al., *Clinical Education for This Millennium: The Third Wave*, 7 Clinical L. Rev. 1, 38 (2000).

5 N. R. Madhava Menon, *Foreword*, in A Handbook on Clinical Legal Education (N. R. Madhava Menon ed., 1998).

advocacy skills in the traditional role of conflict resolution in court'.⁶ Avrom Sheer emphasizes that understanding, imagination and the ethics of justice are central to clinical legal education.⁷ Accordingly, clinical legal education plays an important role in making access to justice a reality for many low-income people. It does so not only by exposing law students to the legal problems that the poor face but also by allowing students to experience an obligation to find substantive and creative ways to respond to unmet legal needs.⁸

This chapter analyzes the social justice orientation of clinical legal education in the United States of America and how the legal realism movement influenced the social justice mission. It concludes with its impact on the Indian clinical legal education.

B. The 'Social Justice' Orientation in the U.S.

Advocates of clinical legal education lacked any specific, detailed vision during the first fifty years of its existence in the U.S.¹⁰ They campaigned for skills training of the students and providing access to justice for the underprivileged and were supported by the legal realism movement.¹¹

The neo-realists' idea of developing future lawyers as policy-makers led to the addition of new courses like professional ethics into the law school curriculum.¹² But the movement for social relevance in the law school curriculum in the United States of America in the 1960s developed clinical legal education's primary objective '*to use law as an instrument for social justice and change*'.¹³ The idea was to represent indigent clients as there is a different market of legal professionals to represent paying clients. Clinical legal education, therefore, should be strictly focused on social justice concerns, which would not only be helpful for indigent clients but also for students given exposure to real world incidents.¹⁴

This movement of social justice education is considered a return to the roots of clinical legal education.¹⁵ Thus '*clinics play a critical role, both in terms of educating students to their professional*

6 N. R. Madhava Menon, *Clinical Legal Education: Concept and Concerns*, in *id.*

7 Avrom Sherr, *Clinical Legal Education at Warwick and the Skills Movement: Was Clinic a Creature of its Time?* in *Frontiers of Legal Scholarship* 108, 119 (Geoffrey Wilson ed., 1995).

8 Margaret Martin Barry, *supra* note 4, at 15.

9 Justice has no absolute meaning because it, too, like all knowledge, is grounded in context. At a minimum, however, those of us who dedicate ourselves to social justice must ask ourselves if our proposed action as a lawyer will support and increase human dignity. See Jane H. Aiken, *Provocateurs For Justice*, 7 *Clinical L. Rev.* 287, 296 (2000-2001) (I believe that teaching law students to be socially conscious practitioners is at the heart of clinical education and should be at the heart of a good legal education. Equal access to justice cannot be achieved if legal services are not made available to the poor and subordinated and if the barriers they face are not challenged. For many schools, community service and social justice are very much an aspect of the mission of clinical legal education); see Antoinette Sedillo Lopez, *Learning Through Service In A Clinical Setting: The Effect Of Specialization On Social Justice And Skills Training*, 7 *Clinical L. Rev.* 307, 310 (2000-2001).

10 Margaret Martin Barry *supra* note 4, at 9.

11 Margaret Martin Barry *supra* note 4, at 12.

12 Harold D. Lasswell and Myres S. McDougal, *Legal Education and Public Policy: Professional Training In The Public Interest*, 52 *Yale L. J.* 203, 206 (1942-1943).

13 Margaret Martin Barry *supra* note 4, at 13.

14 Martin Guggenheim, *Fee Generating Clinics: Can We Bear the Costs?*, 1 *Clinical L. Rev.* 677, 679 (1994-1995).

15 See generally Nina Tarr, *Current Issues in Clinical Legal Education*, 37 *HOW. L. J.* 31 (1993); see generally Jane Harris Aiken, *Striving to Teach "Justice, Fairness and Morality"*, 4 *Clinical L. Rev.* 1 (1997).

obligations and sensitizing them to the needs of people'.¹⁶ Therefore, the goal of social justice education is to ensure equal participation for all visualizing the equitable distribution of wealth.¹⁷ Clinical legal education promotes social justice in three ways¹⁸. Firstly, it promotes access to justice for the underprivileged by representing them in various forums. Secondly, it introduces law students to ideas of public service responsibility or pro-bono work. Finally, it creates an understanding of the relationship between law and social justice among the law students.

All three ways have some effect on the law student's education about social justice values, because the unusual experience gained is different from, and complements, the student's prior understanding of law and legal procedure.¹⁹ The 1992 Report of the Committee on the Future of In-House Clinics of the American Association of Law Schools urges clinicians to assist the students in pro-bono works.²⁰ The benefits of instructions on social justice responsibility of legal profession by involving students to legal aid activities will help them to self identify themselves.²¹

C. Legal Aid And Social Justice Orientation For Clinical Legal Education In India

Teaching students that they are responsible for their actions and society has always been at the heart of clinical legal education.²² In India, recognition of the difficulties that the majority of the population faced when they tried to access justice through legal institutions kick started the free legal aid movement. The Ministry of Law and Justice formed three committees in the 1970s to come up with solutions to help deal with the struggle that many faced trying to access justice. All three committees recommended involving law schools in the country's legal aid mission, but clinical work was only introduced in the curriculum later.

In 1973, the Expert Committee on Legal Aid²³ proposed involving law teachers and students in legal aid programmes. They characterized legal aid services as 'every step or action by which legal institutions are sensitised to respond to the socio-economic realities' of India.²⁴ The expert committee's 'idea of linking legal aid and law schools had a practical element; given the extent of the need for legal services for the poor and the limited resources available, this made perfect sense'.²⁵

The Juridicare Committee on Legal Aid²⁶ submitted its report in 1977 echoing the ideas of the

16 Martin Guggenheim, *supra* note 14, at 683; see also Jane H. Aiken, *Provocateurs For Justice*, 7 Clinical L. Rev. 287, 296 (2000-2001).

17 Jane H. Aiken, *id.*

18 See Jon C. Dubin, *Clinical design for Social Justice Imperatives*, 51 S.M.U. L. Rev. 1461,1475-76 (1997-1998).

19 *Id.*, at 1478.

20 *Report of the Committee on the Future of the In-House Clinic*, 42 J. Legal Educ. 508,515 (1992).

21 Frank S. Bloch and Iqbal S. Ishar, *Legal Aid, Public Service and Clinical Legal Education: Future Directions from India and the United States*, 12 Mich. J. Int'l L. 92, 108 (1990-1991).

22 Redlich, *The Moral Value of Clinical Legal Education: A Reply*, 33 J. Legal Educ. 613,616 (1983).

23 See generally Govt. of India, Ministry of Law, Justice and Company Affairs, *Processual Justice to the People: Report of the Expert Committee on Legal Aid* (1973). (On file with the author).

24 *Id.* at 180.

25 Frank S. Bloch and M. R. K. Prasad, *Institutionalizing A Social Justice Mission For Clinical Legal Education: Cross-National Currents From India And The United States*, 13 Clinical L. Rev. 165,169 (2006-2007).

26 See generally Govt. of India, Ministry of Law, Justice And Company Affairs, *Equal Justice-Social Justice: Report Of The Juridicare Committee* (1977).

previous expert committee and formulated more focused recommendations relating to legal aid schemes. These were more focused on reaching the most helpless members of society and identifying the broadest possible types of assistance that could be made available to them under the law, including education, community development and community organizing.²⁷

Along the same lines, in 1981, the Committee for Implementing Legal Aid Schemes insisted that court-oriented legal aid programs alone cannot provide social justice in India. The committee concentrated more on the promotion of legal literacy, the organization of legal aid camps to carry legal services to people's doorsteps, training paralegals to support legal aid programs, establishing legal aid clinics in law schools and universities, and bringing class actions through public interest litigations.²⁸

D. Conclusion

An important part of the clinical methodology is its emphasis on experimental learning and other interactive teaching techniques that give students a sense of participating in the process as adults and draw them into the role of a lawyer.²⁹ Thus legal educators in India had a responsibility to improve the quality of legal education through the legal services clinical method of law teaching, which will help to encourage a sense of justice, equity and public service responsibility among young law students. They have failed to do so.

III. Clinical Legal Education In India

A. Introduction

The idea of involving law schools in legal aid can be seen as the first attempt to introduce some kind of clinical legal education framework in India. The legal aid movement of the 1960s in India 'assumed that law schools would have a significant role in dispensing legal services'.³⁰ This idea has been reflected in various reports relating to legal aid and judicial reform dating back to the 1970s. Reform was considered necessary to foster the country's nascent democracy and help achieve the goals of good governance, expressed in the Constitution of India, by developing competent legal minds.³¹ In India, after long deliberations, the Bar Council of India introduced four clinical papers in 1997. The papers introduced are far from comprehensive and do not place much emphasis on the need for young lawyers to struggle for social justice, one of the original aims of clinical legal education.

This chapter examines the legal aid orientation of clinical legal education in India and various other reports on legal education reform. It concludes with the need to use law school clinics to further the cause of social justice in India.

²⁷ *Id.*, at 52-65.

²⁸ Frank S. Bloch, *supra* note 25, at 175.

²⁹ See Frank S. Bloch, *The Andragogical Basis of Clinical Legal Education*, 35 Vand. L. Rev. 321, 322-23 (1982); see generally Bradway, *Some Distinctive Features of a Legal Aid Clinic Course*, 1 U. Chi. L. Rev. 469, 469-73 (1934); Gorman, *Clinical Legal Education: A Prospectus*, 44 S. Cal. L. Rev. 537, 551-55 (1971); Meltsner & Schrag, *Report from a CLEPR Colony*, 76 Colum. L. Rev. 581, 584-87 (1976).

³⁰ Frank S. Bloch, *supra* note 21, at 96

³¹ See generally A.S. Anand, *Legal Education in India - Past, Present and Future*, 3 S.C.C. (Jour.) 1 (1998) (India).

B. The Bay Of Good Hope

In 1994, a three-member committee made up of Justice A. M. Ahmadi, Justice B.N. Kirpal and Justice M. Jaganaddha Rao dealt in detail with law school teaching methods.³² The committee made important suggestions relating to pedagogy and the more practical side of legal education.

The committee's suggestions marked the starting point for the introduction of a clinical teaching curriculum into the modern Indian legal education system. It was after this committee's report that the Bar Council of India introduced four practical papers into the curriculum, which was viewed at the time as a '*big step toward introducing clinical legal education formally into the curriculum and law schools have been required to introduce the four papers since academic year 1998-99*'.³³ These papers concentrated on specific issues of legal skill training: Paper I addresses instruction in litigation skills, including pre-trial preparation and trial practice; Paper II focuses on legal drafting skills and pleading; Paper III covers professional ethics and bar-bench relations; and Paper IV introduces legal aid work and public interest litigations.

However, most legal educators see the papers as providing only limited support for including instruction in social justice lawyering in the new curriculum or for providing social justice to indigent clients.³⁴ Finally, the Bar Council of India's mandatory directive to introduce the four practical papers into the curriculum was welcomed only half-heartedly by law school authorities as their staff lacked the skills and experience necessary to teach the course properly or '*simply put, law faculty neither had a vision for, nor properly understood, the value of these papers*.'³⁵

Nevertheless, the Law Commission Report of 2002 emphasized further the professional skills and values future lawyers need to develop at law school.³⁶ Though their central focus on the Mac-Crate Report³⁷ to be introduced into the curriculum safely by modifying it as per the India circumstances, but some of the legal educators find it unacceptable to start teaching of skills training into the law schools as India need more on to concentrate into the social justice movement elaborated by the legal aid committees in 1970s.³⁸

The Bar Council of India adopted a resolution, based on the recommendations of the Supreme Court's three member committee, to set up legal aid clinics in every law school to provide inexpensive and speedy service to underprivileged groups in society.³⁹ This was a mandatory

32 Frank S. Bloch, *supra* note 25, at 179; see also Bar Council of India, 3 Member Committee Report on Reform of Legal Education (2009), available at <http://www.barcouncilofindia.org/wp-content/uploads/2010/06/3-member-Committee-Report-on-Legal-Education.pdf> (last visited on Jun. 04, 2013).

33 Bar Council of India Resolution No 04/1997; see also Frank S. Bloch, *supra* note 57, at 180.

34 Frank S. Bloch, *supra* note 25, at 180.

35 *Id.*

36 The Law Commission of India, 184th Report on the Legal Education and Professional Training and Proposal for Amendments to the Advocates Act, 1961 and the University Grants Commission Act, 1956 (2002), available at <http://lawcommissionofindia.nic.in/> (last visited on Jun. 04, 2013).

37 American Bar Association, 1992

38 See Frank S. Bloch, *supra* note 25, at 187-195.

39 See 3 Member Committee Report, *supra* note 32, at 4.

requirement, reflected in the Bar Council of India's Inspection Manual 2010.⁴⁰ It serves as a starting point for a formal system, giving law schools a very good opportunity to build their legal aid programs in line with the requirements of the local community. It affirmed the need for a multi-client-based legal aid program for every community.⁴¹ The vision statement of the then law minister on legal education reform played an important role in encouraging the Bar Council of India to take this initiative.⁴²

Another important authority which bears responsibility for regulating legal aid services nationally, the National Legal Services Authority (NALSA), has come up with an important set of rules in line with the Bar Council of India's mandatory clinic resolution in 2011. NALSA issued the National Legal Services (Legal Aid Clinics) Regulation on 10th August, 2011.⁴³ This regulation in reality serves as the implementation mechanism for legal aid clinics in cooperation with the local authorities.

Another Planning Commission sub-committee, which focused on how to get higher learning institutions involved in community development, came up with effective recommendations for planning and funding.⁴⁴

The sub-committee came up with several ways to boost academic institutions' community engagement through networking, funding and policy change. First, it proposed an Alliance for Community Engagement, an active membership-based network to promote ideas and practices of community engagement throughout India, and a funding and policy committee, the Autonomous Empowered Committee on Community Engagement, to review funding proposals, design schemes to encourage community engagement, and set policy at the level of Planning Commission and University Grants Commission. Next, it recommended that higher education institutions be given more curricular flexibility in offering programs, courses and initiatives that are more relevant to the needs of society, and that due recognition for public intellectual engagement be given to faculty, students and institutions. Lastly, it recommended that a few educational institutions are

40 Bar Council of India, *Inspection Manual 2010: Guideline for Inspection of Bar Council of India of University/ Institution*, available at <http://www.barcouncilofindia.org/about/legal-education/inspection-manual-2010> (last visited on Jun. 04, 2013).

41 Bar Council of India, *Inspection Manual 2010: Guideline for Inspection of Bar Council of India of University/ Institution* 36, available at <http://www.barcouncilofindia.org/wp-content/uploads/2010/06/Inspection-Manual.pdf>. (G. Legal Aid Clinic

24. Legal Aid Clinic: Each Institution shall have at least one community-based Legal Aid Clinic which shall function under a faculty, preferably who is or was practicing law.

25. Link up with District Legal Aid Center: Each District has a Legal Aid Program under the chairman of the District Judge. Guidance would be required to establish links with the Program and also with Lok Adalat organized under the Scheme. Inspection has to be used as a means of participatory development especially of those institutions away from professional facilities so that professional skills can develop at every level.)

42 The Bar Council of India, *The Law Minister Announces Vision for Legal Educational Reform*, see <http://www.barcouncilofindia.org/law-ministers-vision-statement-for-second-generation-reforms-in-legal-education/> (last visited on Jun. 04, 2013).

43 National Legal Services Authority, *National Legal Services Authority (Legal Aid Clinics) Regulations 2011*, available at <http://nalsa.gov.in/schemes.html> (last visited on Jun. 04, 2013).

44 Rajesh Tandon, *Re-Affirming Civil Engagement of Education* (2011), see blog at <http://priaeducation.org/rajeshtandon-blog/>.

set up to focus on community-based and common knowledge traditions.⁴⁵

C. Conclusion

The regulatory authorities overseeing legal education, and other administrative bodies, have taken many initiatives to increase access to justice for the underprivileged. But bureaucratic hassles, and the indifference of almost all of the 950 legal institutions in India, have prevented these initiatives from being properly implemented. The Report of the Law School Based Legal Aid Clinics, 2011 has very effectively pointed to all of the reasons why the legal aid programs at law school clinics have not been running well.⁴⁶

The next chapter looks at clinical legal education programs focused on community development in other countries around the world, as a way of finding a model useful in India.

IV. The 'Global Clinical Movement'⁴⁷

A. Introduction

By the 1970s and early 1980s, clinical legal education had taken root in a number of countries around the world, focused on local problems and on the need to reform legal education to include ideas of social justice. By looking at local developments in various countries, clinicians elsewhere have developed a clear understanding about each other's work in equally challenging circumstances. Within a region, many countries share social, economic, and cultural characteristics and the obstacles preventing accessing to justice for the underprivileged are often the same. Clinical educators must look to learn from the experiences of others in similar situations when developing their own models of clinical teaching.

This chapter discusses some of these models in China and South Africa. China had developed a system of clinical law teaching by the 1990s. However, weak rule of law in the country because of the supremacy of the Communist Party's word meant the judiciary has only a small role to play in securing justice for the majority of the population. Despite this difficulty, Chinese clinical educators are trying to deal with the situation by using clinical techniques to serve the population at large. How they are doing this is instructive.

South African clinical legal education is very community-oriented and the history of South Africa has much in common with India's. In South Africa, clinical legal education was born about the same time as in India. India is one of the largest democracies in the world with a diverse mix of communities with different languages and cultures. Finding a way to help all of these people, and to make sure they can lead a life with liberty and equality is a very difficult task in India. The South African community clinical movement could be a good model for India to use to develop community clinical programs to ensure social justice.

45 *Id.*

46 *Report of the Law School Based Legal Aid Clinic* (2011), available at http://www.undp.org/content/dam/india/docs/a_study_of_law_school_based_legal_services_clinics.pdf (last visited on Jun. 04, 2013).

47 Prof. Frank S. Bloch and Prof. N. R. Madhava Menon are the key writers and thinkers behind the 'Global Clinical Movement'. In late 1990s, the Global Alliance for Justice Education (GAJE) has been formed by their preliminary initiative. Prof. Bloch has also edited a book titled 'Global Clinical Movement: Educating Lawyers for Social Justice' published by the Oxford University Press in 2010.

B. Let A Hundred Flowers Bloom⁴⁸: The Chinese Model

The present legal education system in China has followed a long, tortuous path on the way to becoming a professional legal education system.⁴⁹ The present day legal education aims to ‘*resolve all complicated disputes and safeguard justice in order to meet the needs of social, economic, political, and cultural development in China*’.⁵⁰

There are four factors which hinder efforts to develop strong rule of law in China: an unprofessional judiciary with corruption and political interference; poorly trained lawyers with no commitment to pro bono work; poor quality of instruction in law schools; and a lack of participation from the civil society.⁵¹ The system has been in need of improvement. To a certain extent, the introduction of the clinical legal education program in China resulted from a strong demand for higher legal education reform, and especially for exploring new legal teaching methods.⁵²

Seven law school clinics were established in 2000, funded by the Ford Foundation and some U.S. law schools.⁵³ The establishment of the Committee of Chinese Clinical Legal Educators (CCCCLE) in 2002 was a major step towards expanding clinical legal education in China.

The mission of CCCCCLE is ‘*to bring all clinical legal educators, administrators and others together to perform theoretical and practical research of foreign and Chinese clinical legal education programs, cooperate and carry out exchange of clinical legal education activities with counterparts abroad and at home, and promote the growth of clinical legal education in China*’.⁵⁴ By 2009, CCCCCLE had 115 institutional members and 76 out of 115 had formally introduced clinical programs into their curricula.⁵⁵ The CCCCCLE network, along with the clinical faculties at different law schools, has brought significant changes to Chinese clinical legal education and there is a lot to learn from how the group has managed to do this in challenging circumstances.

Northwest University of Politics and Law’s legislation clinic is the most innovative of all the clinics in Chinese universities.⁵⁶ Members of the legislation clinic work with local governmental agencies and civic groups to analyze local problems and then propose legislative solutions to help disadvantaged social groups, such as the elderly or migrant workers. Teams of students gather information from a variety of public and individual sources and bring this knowledge into the policy-making process. One of their projects resulted in provincial-level legislation against

48 Cai Yanmin and J. L. Pottenger, JR, *The “Chinese Characteristics” of Clinical Legal Education*, in *Global Clinical Movement* 87, 93 (Frank S. Bloch ed., 2010).

49 See Wang Weiguo, *A Brief Introduction to the Legal Education in China*, presented at the *Conference of Legal Educators*, Association of American Law Schools, (May 24-24, 2000)

50 Mao Ling, *Clinical Legal Education and the Reform of the Higher Legal Education System in China*, 30 *Fordham Int’l L. J.* 421,425 (2006-2007).

51 Brian K. Landsber, *Promoting Social Justice Values and Reflective Legal Practice in Chinese Law Schools*, 24 *PAC. McGeorge Global. Bus. & Dev. L. J.* 107,108 (2011).

52 Mao Ling, *supra* note 50, at 432.

53 Peking University, Tsinghua University, Renmin University of China, Wuhan University, Zhongnan University of Economics and Law, East China University of Political Science and Law, and Fudan University. See Mao Ling, *supra* note 81, at 433.

54 *Id.*

55 Cai Yanmin, *supra* note 48

56 *Id.*, at 94.

domestic violence, another enhanced wage protection for rural migrant workers. Others yielded local legislation designed to benefit the urban elderly.

Hundreds of students took part in these projects, as did a wide array of faculty members, lawyers and judges. The legislation clinic has several elements to it, and it fulfills all the requirements of clinical legal education and helps to further social justice. It is also a model for countries where clinical legal education is short of funding. The legislation clinic is a place where students from diverse backgrounds develop a more mature attitude towards law and their responsibility to society, at very little cost.⁵⁷

Clinical legal education in China has made great strides in a single decade, growing from only one or two NGO-style clinics at leading universities to more than hundred programs integrated into the curricula at law schools and departments throughout the country.⁵⁸ In the process, distinctive adaptations have emerged to address China's access to justice issues at a level beyond the individual case.

C. Education And Community Service: South African Clinical Network

Over the past three decades South African university law clinics *'have evolved from being ad-hoc student initiatives with limited capacity into mature institutions with a definite presence on the South African legal landscape.'*⁵⁹ Law clinics were introduced at South African universities in the early 1970s. After the Ford Foundation Conference on Legal Aid at University of Natal in 1973, the speed at which they were set up increased.⁶⁰

The earlier clinics have faced various obstacles like a lack of educational values which should be present in clinical programs, a lack of resources, voluntary student participation with no rule of credit, and lack of faculty involvement. But these early efforts highlighted that the aim of South African clinics was to promote equal justice and social justice for the poor people in the country. Since the first democratic elections in 1994, law clinics have expanded rapidly with a view *'to make the law school experience more educational and relevant for students and to promote equal justice and the rule of law, scholars have devoted considerable attention and resources to creating or expanding clinical legal education.'*⁶¹

Clinical programs in South Africa are more community-based than individual client clinics and the *'basic guiding principle remains firmly entrenched in the fundamental role that education must play in developing a culture of democracy and respect for human rights as an integral part of the common values and universal heritage of humanity.'*⁶²

57 *Adopting and Adapting: Clinical Legal Education and Access to Justice in China*, 120 Harv. L. Rev. 2134, 2152 (2007).

58 *Id.* at 2155.

59 Willem De Klerk, *University Law Clinics In South Africa*, 122 S. African L.J. 929,929 (2005).

60 *Id.*, at 930; see also Peggy Maisel, *Expanding And Sustaining Clinical Legal Education In Developing Countries: What We Can Learn From South Africa*, 30 Fordham Int'l L.J. 374,381 (2006-2007).

61 Peggy Maisel, *id.*, at 374; see also Kenneth S. Broun, *Black Lawyers, White Courts: The Soul of South African Law* 235-243 (2000).

62 Philip F. Iya, *Legal Education For Democracy And Human Rights In The New South Africa With Lessons From The American Legal Aid Movement*, 12 J. Prof. Legal Educ. 211,211 (1994).

The clinical programs try to achieve five different objectives⁶³: the inclusion of poverty and development issues into the curriculum to reflect the realities of the economically disadvantaged citizens to all the students, white or black⁶⁴; to promote the values to provide equal justice to the disadvantaged; to confront ethical issues by dealing with real cases and to gain basic lawyering skills; to increase access to the legal profession among disadvantaged people; to expand the resources for legal representation for the disadvantaged. In 1987, the Association of University Legal Aid Institutions (AULAI) was set up, a major step in the clinical legal education movement in South Africa. This organization has played a very important role in improving the performance and resources of university-based legal aid clinics.

South African law clinics have two different working techniques. First is the *palm tree justice*⁶⁵ when paralegals in rural areas, who can speak the local community language, work for poor people who can't afford a lawyer or where there is no lawyer. Up to the year 2000, South Africa had only 1,000 black lawyers who would represent the 70 percent black population of the country.⁶⁶ These community-based paralegals have provided often the only access to justice for poor people in rural areas.

Secondly, Prof. David McQuoid-Mason set up South African Street Law Programs, another type of clinical program which introduced students to the idea of preventive legal education practice. Street law students learned how to teach lay people about legal rights and responsibilities, and then went to high schools and jails to teach ordinary citizens about their rights in criminal, juvenile, consumer, housing, welfare law, and human rights matters. The teaching methods which the students used included holding mock trials and other interactive learning experiences. They also wrote and distributed pamphlets dealing with common legal problems such as arrest, and housing and credit issues.⁶⁷

In 2000, a survey of the twenty-one university-based law clinics in South Africa was conducted to assess the state of clinical legal education there.⁶⁸ The survey pointed out four kinds of obstacles to the current development of clinical programs in South Africa: a lack of funding; a lack of acceptance of clinical legal education by the faculty members; a lack of skilled clinical teaching; and huge case load. These four problems are similar to those in other developing countries. But some prominent clinical legal educators in South Africa have tried and are still trying to overcome these problems in clinical legal education. The formation of AULAI and the AULAI Trust have gone some way to solving problems of funding and training opportunities for clinical teachers with the help of national and international funding agencies and universities from the West. The Ford Foundation, the International Commission of Jurists, UNDP, and GAJE have all helped the AULAI and universities in various ways to accelerate the funding, organize conferences and workshops on clinical legal education, faculty training, and exchange program for staff members.

63 Peggy Maisel, *supra* note 60, at 375.

64 See Kenneth S. Broun, *supra* note 61 at 237.

65 See Legal Aid and Law Clinics in South Africa vii (David J. McQuoid-Mason ed., 1985)

66 Kenneth S. Broun, *supra* note 61 at 236.

67 Peggy Maisel, *supra* note 91, at 384.

68 The survey was conducted by Peggy Maisel, Associate Professor and founding Director of the Clinical Program, Florida International University College of Law.

Since the era of apartheid, social divisions have been a serious problem for South Africa. Because of this historical inequality, the justice system was struggling to support the underprivileged sections of the society. The university law clinics in South Africa have therefore tried to reach a large number of people through their community clinics.

Clinical legal education should be adapted to different social circumstances. There might be some misbalance on the teaching ethics and the ethics of a clinic. But eventually, the South African model could become a best practice model for all the countries with a large unrepresented and underprivileged population.

D. Conclusion

On the basis of the findings of this chapter on clinical legal education in China and South Africa, the next section will begin to establish some best practice models for clinical legal education in India. In the next chapter, some model clinics will be proposed taking into account what Indian society needs.

V. The Indian Model

A. Introduction

Legal education of India has been described as a '*sea of institutionalized mediocrity with a few islands of excellence*'.⁶⁹ There are often calls for reform of legal education, for a system which is of excellent quality and can spread its scope to be more sensitive to the underprivileged sections of the Indian society. It must be kept in mind that law grows when it engages with society and interacts with other branches of knowledge. Engagement with social problems and movements make legal education relevant and contextual. For this to happen, a liberal, holistic and decentralized approach to curriculum planning and development of clinical teaching is necessary, for which each university teaching law should have the primary responsibility.

Law schools should take up the clinical legal education syllabi to implement it in line with local needs through some clinic-based activity. To implement this sort of activity, a meaningful coordination with the local bar and bench, non-government organizations, and legal services authority is required. This combined effort to set up social justice-based clinical activity will make legal education more socially relevant and meaningful.

This chapter deals with creating a model for law schools' clinical activity which will not only supplement the curricular requirements of clinical legal education but also complement social justice-based clinical legal education and secure the rights of underprivileged groups in India.

B. Rural Access To Justice

'The Soul of India Lives in Its Villages'

- Mohandas Karamchand Gandhi

In the beginning of the 20th century, Mohandas Karamchand Gandhi, father of the Indian nation,

69 N. R. Madhava Menon, *To Go from Mediocrity to Excellence*, The Hindu, June 18, 2010, available at <http://www.thehindu.com/opinion/lead/article470073.ece?homepage=true>.

expressed this thought-provoking statement. Even today, the same could be said. Data from the Census of India, 2011 shows us how many people live in rural India: 833,087,662 persons live in rural India, amongst them 427,917,052 are men and 405,170,610 are women.⁷⁰

Most rural Indians do not have in-depth or accurate knowledge about the administration of justice or administration and governance procedures. This lack of knowledge makes it difficult for rural Indians to access the system of justice delivery, administration and governance. Not only that, the problem of a lack of transparency and accountability in the administration and governance system is, in part, result of that ignorance.

The focus of this clinic model is on the reform of legal education to accelerate the empowerment⁷¹ of marginalized rural communities in India. This model is primarily inspired by the community lawyering movement of South African clinical legal education. The idea of community lawyering in India as a way to ensure access to justice and legal empowerment for the underprivileged is gaining importance as *'advocacy on behalf of a group is seen as more efficient and cost effective, particularly when the group as a whole is at odds with the social, economic, cultural, and political situation'*⁷².

If we look at Jindal Global Law School (JGLS) and the Institute of Rural Research and Development (IRRAD), we can broadly determine the nature and duties of a clinic for the empowerment of rural Indians. Using clinical legal education methodology, IRRAD and JGLS train rural villagers in their locality about government programs enacted to help them.

The training explains the Right to Information Act and the proper channels for following up on applications that become stuck in the system. Armed with the knowledge acquired over the course of the year-long training, villagers monitor the functioning of local government and share their findings at periodic feedback sessions. Residents of over 200 villages have been trained as of December 2011.

To conduct the training, IRRAD staff partner with law students and their teachers at JGLS. JGLS established a Good Governance and Citizen Participation Clinic. For the training, IRRAD has published brochures in the local language, Hindi, drafted by law students on government schemes and the Right to Information. The clinic supports the efforts of villagers in several ways in addition to the governance training, including through panel discussions with government officials, policy advocacy based on problems identified in the field, legal aid camps in villages, and responses to bribe-seeking and other forms of corruption that villagers encounter. IRRAD and JGLS seek to replicate the NGO-law school-community model through conferences, publications and research on its impact. They host an annual conference on good rural governance and citizen participation and in 2011-12 held regional conferences across India.⁷³ To support Good Governance Now partnerships, IRRAD and JGLS offer training to interested NGOs and academic institutions to deliver training and support to rural communities. IRRAD's Rural Research Center and JGLS'

70 Census of India (2011), available at <http://censusindia.gov.in/2011census/censusinfodashboard/index.html> (last visited Jun. 04, 2013).

71 Access to justice for the rural poor includes not only access to courts and legal redress mechanisms, but also good governance including transparency and accountability in the making of laws and process of their implementation and administration.

72 Sopriyo Routh, *Experiential Learning Through Community Lawyering: A Proposal for Indian Legal Education*, 24 Pac. McGeorge Global Bus. & Dev. L.J. 1,116 (2011).

73 In 2011, Regional Good Governance and Citizen Participation Conferences have been held at Assam University, Silchar; J.S.S. Law College, Mysore, Karnataka and Chanakya National Law University, Patna, Bihar.

clinical program also host fellowship recipients and other visitors engaged in research or teaching on rural development and governance.

This sort of experiential clinical model can be an inspiration for all law schools in India. The collaboration between a law school clinic and a NGO while working in the rural development sector can bring significant change in that particular area, when it comes to citizen participation in democracy, governance and administrative procedure.

The students who were involved in this program were required to prepare legal literacy materials in local languages that explain in easy-to-understand terms government schemes, programs and acts like the public distribution system, the anganwadi system, the Right of Children to Free and Compulsory Education Act, the National Rural Employment Guarantee Scheme, the midday meal program, and the Right to Information Act which rural community members should know about.⁷⁴ They also assist community peers to prepare right to information applications and write letters to government officials. Students have also undertaken advocacy on behalf of the rural community to various commissions and statutory bodies.⁷⁵ The students who work for this sort of clinic have the opportunity to develop skills in interviewing, client representation, fact investigation, report writing and documentation, and emphatic lawyering.⁷⁶

It could be said that this model cannot be followed or implemented by other law school clinics because of a lack of financial resources. But this lack of financial resources can be overcome through collaboration between that particular law school, a local NGO working in the area of that particular law school and the district or taluka legal services authority. The district or taluka legal services authority can create the platform and take some financial initiative for the combined work with the law schools and NGOs with the help of the National Legal Services Authority (Free and Competent Legal Services) Regulations, 2010, National Legal Services Authority (Legal Aid Clinics) Scheme, 2010 and Para Legal Volunteer Scheme, 2010.

It is now up to law schools to decide whether they are ready to undertake this sort of clinical activity. It will also be up to the law schools to find their local NGO partner and enlist the help of the district or taluka legal services authority.

C. Human Rights Litigation And Law Reform

Strategic human rights litigation seeks to use the authority of the law to advocate for social change on behalf of individuals whose voices are otherwise not heard.⁷⁷ In India, the use of public interest litigation has the same meaning. Human rights litigation can be a helpful tool to provide relief to a large number of people and to create a policy that state must follow. It can provide 'broad access to justice and judicial redress to all persons or class of persons that are in a position of poverty,

⁷⁴ See *Promoting Clinical Legal Education in India: A Case Study of the Citizen Participation Clinic* 18-22 (2012) (A Joint Report Prepared by Cornell International Human Rights Clinic and Jindal Good Rural Governance and Citizen Participation Clinic).

⁷⁵ *Id.*

⁷⁶ *Id.*, at 9-12.

⁷⁷ *Litigation Report: Global Human Rights Litigation*, Open Society Justice Initiative (Feb. 2012), available at <http://www.soros.org/sites/default/files/litigation-report-20120228.pdf> (last visited Jun. 04, 2013).

vulnerability, disability and exclusion in general⁷⁸. Noble Laureate Amartya Sen refers to poverty as not only the lack of resources but also the concept of capability.⁷⁹ So it is necessary to provide essential tools to the underprivileged to use their assets to move out of poverty and to change the rule of power in society.

Human rights litigation is an essential tool to make government policy more comprehensive and functional to alleviate poverty and other social exclusions. It is through both human rights litigation and law reform clinics, that social or economic issue that need to be dealt with can be found.⁸⁰

China's legislation clinic, where law students work with civic bodies and grassroots organizations to find specific issues in legislations for amendment, is the inspiration behind this human rights litigation and law reform clinic.

In India, there are some examples of public interest litigation by law students⁸¹ and also zeal towards law reform activities. The Legal Aid Society of the West Bengal National University of Juridical Sciences (NUJS), Kolkata has been involved in seeking justice for scheduled castes population in Puri District, Odisha since 2010.⁸² They have filed specific complaints with the Odisha State Human Rights Commission regarding right to water, right to enter into the temple for the scheduled caste population and free and compulsory education for the scheduled caste children.

Because of the intervention of the NUJS Legal Aid Society, the District Legal Services Authority has been proactive in engaging legal aid lawyers for the scheduled caste population of Puri. The change in the lives of the scheduled caste population of Puri because of the intervention of the NUJS Legal Aid Society has been discussed in the Seminar on Civil Rights of Scheduled Castes and Scheduled Tribes.⁸³ In that seminar, leaders of scheduled caste community and various human

78 Discrimination on the grounds of poverty often prevents access to the very tools needed to fight this condition. It is important to fight against recognized forms of discrimination which include race, ethnicity, religion, gender and others. Poor people are also often discriminated against on the basis of their socio-economic condition. The challenge is to overcome this major obstacle to their empowerment; otherwise, those trapped in poverty may fall into a vicious circle from which it is hard to break out. See Maritza Formisano Prada, *Empowering the Poor through Human Rights Litigation* 28 (2011).

79 Drawn up and expanded in the work of Amartya Sen. See generally Amartya Sen, *Development as Freedom* (1999); *Inequality Re-Examined* (1995); *Commodities and Capabilities* (1987); *Poverty and Famines: An Essay on Entitlements and Deprivation* (1982).

80 Law school based, credit bearing course or program that combine clinical methodology around skills and values training with live case-project work, all or most of which takes place in the human rights context. See Arturo J. Carrillo, *Bringing International Law Home: The Innovative Role of Human Rights Clinics in the Transnational Legal Process*, 35 Colum. Hum. Rts. L. Rev. 527, 533-34 (2004) (Here, 'human rights context' refers to 'a dynamic ecosystem comprised of the formal and informal rules, procedures, mechanisms, and actors that continuously interact at myriad levels to apply, promote, defend or develop human rights principles').

81 Students of the V. M. Salgaocar College of Law, Goa have successfully filed 14 public interest litigations before the Mumbai High Court (Panaji Bench) on various issues ranging from the use of helmets to violations of Coastal Regulation Zones. See V. M. Salgaocar College of Law, <http://www.vmslaw.edu/>.

82 Author was a part of the team consisting of Prof. Anirban Chakraborty, Soumyajit Das (LL.M Student), Sabyasachi Chatterjee (LL.M Student), S. Jyotirajan (LL.M Student), Amarendra Gogoi (LL.M Student), Niteesh Kumar Upadhyay (LL.M Student), Lokenath Chatterjee (LL.B Student), Puneet Rathsharma (LL.B Student) and Rajesh Kumar Singh (NUJS Staff).

83 The seminar was organized in Puri District, Odisha jointly by the Legal Aid Society, The West Bengal National University of Juridical Sciences and District Legal Services Authority, Puri on September 01, 2012.

rights NGOs presented their views and voiced their appreciation for the work done by NUJS Legal Aid Society.

The activities of the students in this sort of human rights litigation and law reform activity will help them to develop interviewing skills, counseling, drafting capability of the students. As one scholar has put it, ‘...human rights lawyering involve litigation, advocacy, monitoring and reporting, policy and legislative drafting, organizing and lobbying. Human rights clinics aim to acquaint law students with this variety of practice, and to engage them critically and practically in developing one or more of these skills.’⁸⁴

It is important that if this sort of clinic is to work, it must be a long-term project. That is the only way to gain people’s confidence. The goals of clinical legal education have to be developed in this sort of clinic and these goals may include advancing human rights and social justice.⁸⁵ This human rights litigation and law reform clinic can operate alongside the rural access to justice clinic to ensure community engagement.

For law schools, community engagement for human rights litigation and law reform should occur in three spheres: teaching and learning; community service; and research. Engaging with the community is an important way of making students aware of society around them, teaching them to apply academic learning to real life, providing material for curriculum and research that is relevant to society, preserving traditional knowledge and culture, and promoting social justice. Proper collaboration and division of work between the two clinics could bring significant change for the underprivileged and fulfill the goals and values of clinical legal education.

D. Conclusion

These proposed models of clinical activities for Indian law schools focus on fulfilling the curricular objectives of clinical legal education at large and also to put some stake on Indian socio-economic structure to fulfill the millennium development goals. Though it is argued by the Western world that clinical legal education is primarily concerned with skills training for law students, in a world full of poverty and discrimination in distribution of wealth, we can set an agenda to serve the underprivileged and develop lawyering skills.

The issue of financial resources to run clinical program is important in India as most Indian law schools are privately managed. This is also a point where we can learn from clinical programs in China and South Africa. China manages its clinical programs using money from donors through the organized efforts of CCCLE. A developing country like South Africa has also formed a national forum of university-based legal aid institutions, named AULAI, which can then take a more organized approach towards getting funding. In India, many lacunas can be addressed by forming a national legal aid advocacy institution for law schools, to help them set up their clinical programs and get funds from various governmental, non-governmental and international organizations.

It is promising that there is a new generation of legal academics and students who have risen in India with a mission to inspire others to action, particularly in the pursuit of justice. The government

84 Deena Hurwitz, *Engaging Law School Students Through Human Rights Clinics. A Perspective from the United States*, 11 Austl. J. Hum. Rts. 37, 38-39 (2006).

85 Jocelyn Getgen Kestenbaum, Esteban Ho Yos Ceballos & Melissa C. Del Aguila Talvadkar, *Catalysts For Change: A Proposed Framework For Human Rights Clinical Teaching And Advocacy*, 18 Clinical L. Rev. 459, 482 (2011-2012).

is also expanding its vision of legal education, working towards systematic reform and listening to ideas about how to make legal education more meaningful and relevant for Indian society. Now, it is only a matter of time until we see law students, under the supervision of their teachers, working closely with underprivileged communities throughout India to make the Preamble of the Indian Constitution a reality for all.

VI. Suggestions And Conclusion

Having looked closely at the nature and status of clinical legal education in India, and in three other countries, it is clear that Indian clinical legal education's primary objective is to secure social justice mission and work for the empowerment of underprivileged groups in Indian society. The two models put forwarded in this paper could be of great value, not only helping to empower the underprivileged but also to ensure the goals and values of clinical legal education.

Now all the stakeholders of legal education have to take up certain points, to create a platform for the law schools to introduce these models of clinical teaching, get funds to continue with these models, and train faculty members in clinical teaching. These suggestions can be divided into the following headings:

- A. For Law Schools/ Colleges/ Universities:** It has been made mandatory by the Bar Council of India for every law school or college to have a functional clinic which should work with the community to provide basic legal services. It is now suggested that each law school or college should establish their clinic in rural or semi-urban areas. This kind of clinic may be established in association with any local NGO or municipality or panchayat authority. The office must be easily accessible by the community members. It would be helpful if those behind the institution liaise with the District or Taluka Legal Services Authority, telling them about the clinic. These government bodies could provide some funding.

The community clinic should be open at the weekends like Saturday evening or Sunday morning because the prospective client must be free to attend. The ideal student group for a clinic should not exceed 25 for each Saturday evening or Sunday morning. The fourth year and fifth year (in case of 5 year LL.B course) students or second year and third year (in case of 3 year LL.B course) students should be divided into several groups to run the clinic each Saturday evening or Sunday morning and these groups should rotate as is convenient. One faculty member experienced in clinical teaching must supervise the students. In other cases, lawyers appointed by the District or Taluka Legal Services Authority may also supervise the students in their clinical activities. If there is continuous clinical activity in a village, villagers will be more confident that they are not going to be left alone, and are more likely to come to the clinic for advice. The cases may range from domestic violence, maintenance, land related dispute, RTI matters, to atrocities towards SC/ST population.

First of all it will be the students who will take care of these cases, interviewing and counseling the client, prepare necessary drafts and instructing the client to approach the appropriate authority for consideration. For example, if the client is in need of a legal aid lawyer to defend his or her case in a court of law then the clinic can act as a bridge between the legal services authority and the client.

- B. For Bar Council of India/ State Bar Councils/ Bar Associations:** The Bar Council of India (BCI) under the Advocates Act, 1961 has the authority to regulate legal education. BCI has framed several rules, curriculum development committees to bring excellence to legal education. Despite these efforts there are areas where gaps exist, like in clinical legal education. As establishing a clinic is now mandatory under the BCI rules, so clinical activity of the students in those clinics must be credit-based.

It is now urgently required by the BCI to take clinical activity under the credit based/ marks based system. It is also important to establish a Sub-Committee on Clinical Legal Education under the Legal Education Committee of BCI, where trained Indian clinicians will be members. The sub-committee should work to standardize clinical programs and make it a uniform activity, inspecting and monitoring clinical programs of various law schools, liaise with various authorities to get fund for clinical programs, arrange workshops and seminars for clinical law teachers or designated clinical faculties once in a year.

State Bar Councils and Bar Associations should play an active role in implementing the clinical programs in each state. State Bar Councils with the help of local Bar Association may provide some mentor lawyers for the students in a particular clinic. The mentor lawyers, in-cooperation with the designated clinical faculty, may supervise the works of the clinic students in Saturday evening or Sunday morning. This would not only build a working relationship between the senior lawyers and the future lawyers but also bring a idea of professional ethics and etiquette.

- C. For National Legal Services Authority (NALSA):** The potential of a law school to reach the community has historically been ignored by the National Legal Services Authority. But recently, some of NALSA's activities have created a light in the middle of the sea. The NALSA Clinic Regulation Rules, 2010 have shown the direction towards collaboration between the legal services authorities and the law schools. Now, NALSA should come up with a resolution for all the District Legal Services Authorities to take appropriate steps to collaborate with law schools in that district to provide legal services at the door steps of the people. The model of starting clinic at rural or semi-urban areas can be effectively implemented with the help of the District Legal Services Authority or Taluka Legal Services Authority. One legal aid lawyer may be present there to collaborate on behalf of the legal services authority and if any litigation comes he may take the matter to the appropriate court of law. The clinic students can work under the legal aid lawyer to prepare the necessary documents. It is also important for NALSA to come with some funds for these collaboration activities with the law schools. NALSA should allocate a separate fund for every District Legal Services Authority depending upon the number of law schools in that district. There must be an equal amount of fund for every law school in each district and the District Legal Services Authority may distribute the funds to the law schools for running the clinic activities and at the end of each financial year they may ask for an audited report of the expenditure of funds by the clinic.

D. For University Grants Commission (UGC): Finally, the UGC must take some steps to develop the faculty standard for clinical teaching in law. It should start a faculty development course on clinical legal education for staff of law schools in charge of teaching practical papers.

First, UGC should look at some model institutions which have exceptionally good clinical activities and have trained clinical faculty members and use these models as a basis to develop a curriculum for a faculty development course in clinical legal education. The duration of this sort of course may range from two to four weeks. The model institutions, after preparing the curriculum, will conduct the course in association with UGC. There should be at least four to six model institutions throughout the country to conduct the course. UGC must provide funds for this course and encourage experienced law teachers who have prior experience in conducting large scale clinical programs in their own university or college to teach this course.

Another faculty improvement activity which can be undertaken by UGC is to start some fellowships for clinical law teachers to undergo special training in clinical legal education in foreign law schools. Previously the United States India Education Foundation (USIEF), New Delhi in association with Govt. of India had the Neheru-Vanderbilt Fulbright Scholarship for Indian clinical law teachers to study one year specialized LL.M in Clinical Legal Education from Vanderbilt University, USA. But this program has been discontinued. Now, there is no opportunity for Indian clinical law teachers to take such courses, mainly due to a lack of funds. However, the UGC may start similar programs with some foreign universities who offer an LL.M in Clinical Legal Education, PG Diploma in Clinical Legal Education, or a Diploma in Clinical Legal Education. Bringing back the fellowships for law teachers in clinical legal education will also encourage them to work hard for their respective law school clinics and the rigorous training will make them equipped with the art of clinical working and supervising.

On a final note, the author is of opinion that Indian clinical legal education's primary objective is to ensure social justice and empower the underprivileged groups in Indian society. This mission cannot be achieved unless there is a combined effort from the law schools, BCI, UGC and NALSA. The models which have been formulated in this paper and the formality of starting clinical programs like that will be the primary responsibility of the law schools. It is the stakeholders of legal education which must act positively to carry forward with these models.